

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

ADDRESS (number and street)

7000 CARDINAL PLACE

Check if different  
than previously  
reported. (ACC)

DUBLIN

OH

43017

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00332833

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2008

through

01

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JAMES W. HOEBERLING

Signature of Treasurer

Electronically Filed by JAMES W. HOEBERLING

Date

02

06

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		226435.59
(b) Cash on Hand at Beginning of Reporting Period .....	226435.59	
(c) Total Receipts (from Line 19) .....	15861.71	15861.71
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	242297.30	242297.30
7. Total Disbursements (from Line 31) .....	3500.00	3500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	238797.30	238797.30
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 8

To:

M M  
0 1D D  
3 1Y Y Y Y  
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5026.92	5026.92
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	10074.50	10074.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	15101.42	15101.42
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	15101.42	15101.42
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	760.29	760.29
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15861.71	15861.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15861.71	15861.71

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	3500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3500.00	3500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	3500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	15101.42	15101.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15101.42	15101.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Kerry Clark

Mailing Address 8515 Fox Cub Lane

City

Cincinnati

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chairman & Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 012320080C85461

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

John Cullivan

Mailing Address 1 Miranova Place  
#910

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.70

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 012320080C85447

Amount of Each Receipt this Period

307.70

Receipt

Payroll Deduction: (153.8-  
5/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Gary Dolch

Mailing Address 8382 Deep Run

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 012320080C85456

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

1076.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Ivan Fong

Mailing Address 21 S. Parkview Ave.

City

Columbus

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chief Legal Officer & Sec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 012320080C85457

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period)

**B.**

Full Name (Last, First, Middle Initial)

Linda Harty

Mailing Address 1761 Roxbury Rd

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Evp, Cfo, Scs Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.80

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 012320080C85423

Amount of Each Receipt this Period

223.80

Receipt

Payroll Deduction: (111.9-  
0/Pay Period)

**C.**

Full Name (Last, First, Middle Initial)

Michael Kaufmann

Mailing Address 7160 Temperance  
Point St

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Group President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 012320080C85458

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period)

**SUBTOTAL** of Receipts This Page (optional) .....

993.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Lynch

Mailing Address 550 E Rosemary

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Group Pres, Med Products Mfg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 012320080C85459

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Mark Rosenbaum

Mailing Address 6565 Lockhart Lane

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Pres, Ips Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 012320080C85463

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

David Schlotterbeck

Mailing Address 12 Hermitage Lane

City

Laguna Niguel

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Ceo, Clinical & Medical Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 012320080C85460

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

1153.80

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Frank Segrave

Mailing Address 5371 Gordon Way

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

President, Generics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 012320080C85465

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**B.**

Full Name (Last, First, Middle Initial)

Robert Walter

Mailing Address 2423 North Ocean  
Blvd

City

Gulf Stream

State

FL

Zip Code

33482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.04

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 012320080C85455

Amount of Each Receipt this Period

384.04

Receipt

Payroll Deduction: (192.0-  
2/Pay Period )

**C.**

Full Name (Last, First, Middle Initial)

Carole Watkins

Mailing Address 1967 Woodlands Place

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Transaction ID: 012320080C85462

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )

**SUBTOTAL** of Receipts This Page (optional) .....

1153.24

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Dwight Winstead

Mailing Address 2540 Presidio Dr

City

San Diego

State

CA

Zip Code

92103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Group President, Cts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	0	8

Transaction ID: 012320080C85464

Amount of Each Receipt this Period

384.60

Receipt

Payroll Deduction: (192.3-  
0/Pay Period )**B.**

Full Name (Last, First, Middle Initial)

Connie Woodburn

Mailing Address 9761 Erin Woods Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardinal Health, Inc

Occupation

Svp, Prof &amp; Gov't Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	0	8

Transaction ID: 012320080C85433

Amount of Each Receipt this Period

265.38

Receipt

Payroll Deduction: (132.6-  
9/Pay Period )

SUBTOTAL of Receipts This Page (optional) .....

649.98

TOTAL This Period (last page this line number only) .....

5026.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 12

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Comerica Bank

Mailing Address P.O. Box 75000  
MC 2250

City State Zip Code  
Detroit MI 48275-2250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Bank

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.29

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 8

Transaction ID: 012320080C85365

Amount of Each Receipt this Period

760.29

Interest Received

**SUBTOTAL** of Receipts This Page (optional) .....

760.29

**TOTAL** This Period (last page this line number only) .....

760.29

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends of Gayle Harrell

Mailing Address 1885 NW Eagle Point

City  
Stuart

State  
FL

Zip Code  
34994-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
GAYLE HARRELL

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 16

Transaction ID: 012320080E1030

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

Kilroy for Congress

Mailing Address 550 E. Walnut Street  
Suite 305

City  
Columbus

State  
OH

Zip Code  
43215-

Purpose of Disbursement  
DIRECT CONTRIBUTION

Candidate Name  
MARY JO KILROY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 012320080E1031

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

3500.00